Case 24-10885 Doc 28 Filed 06/10/24 Entered 06/10/24 16:01:13 Desc Main Document Page 1 of 32

| Fill in this information to | o identify your case: | | |
|--|-----------------------|-------------------------------|--------------------------------------|
| United States Bankruptcy DISTRICT OF MASSACH | | | |
| Case number (if known) | 1:24-bk-10885 | Chapter you are filing under: | |
| | | ☐ Chapter 7 | |
| | | ☐ Chapter 11 | |
| | | ☐ Chapter 12 | |
| | | ⊠ Chapter 13 | ☐ Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's | John First name | First name |
| | license or passport). | Middle name | Middle name |
| | Bring your picture | Malone | |
| | identification to your meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names and any assumed, trade names and doing business as names. | | |
| | Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-7221 | |

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| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|---|--|--|---|--|--|--|
| 4. | Your Employer Identification Number (EIN), if any. | EIN | EIN | | | |
| 5. | Where you live | 28 Savin Hill Avenue | If Debtor 2 lives at a different address: | | | |
| | | Dorchester, MA 02125 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Suffolk County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| Why you are choosing this district to file for bankruptcy | | Check one: ○ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. □ I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |

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| Part | Tell the Court About | Your | Bankruptcy Ca | ase | | | | | |
|---------|---|-------------|--|--|---|---|--------------------------------------|--|--|
| 7. | The chapter of the Bankruptcy Code you are choosing to file under | Che (For | ck one. (For a b | orief description of | f each, see <i>Notice Required by</i> age 1 and check the appropria | 11 U.S.C. § 342(b) for Individuals Filing for Bate box. | ankruptcy | | |
| 8. | How you will pay the fee | | about how yo | ou may pay. Typic attorney is submi | ally, if you are paying the fee y | ck with the clerk's office in your local court for rourself, you may pay with cash, cashier's checalf, your attorney may pay with a credit card o | ck, or money | | |
| | | | I need to pay | y the fee in insta | Ilments. If you choose this opti (Official Form 103A). | on, sign and attach the Application for Individu | e Application for Individuals to Pay | | |
| | | | I request that but is not req applies to you | at my fee be waiv uired to, waive yo ur family size and | ved (You may request this option our fee, and may do so only if you you are unable to pay the fee | on only if you are filing for Chapter 7. By law, a our income is less than 150% of the official poon n installments). If you choose this option, you cial Form 103B) and file it with your petition. | verty line that | | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ⊠ N | | | | | | | |
| | • | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ⊠ N □ Y | | | | | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| 11. | Do you rent your residence? | N ⊠ □ Y | | No. Go to line 12 | al Statement About an Eviction | st you? Judgment Against You (Form 101A) and file it | as part of | | |

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| 12 | Are you a sole proprietor | | | |
|-----|---|------------------------|---|--|
| | of any full- or part-time business? | ⊠ No. | Go to Part 4. | |
| | | ☐ Yes. | Name and location of busin | ness |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, State | e & ZIP Code |
| | it to this petition. | | Check the appropriate box | to describe your business: |
| | | | | ess (as defined in 11 U.S.C. § 101(27A)) |
| | | | | Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | fined in 11 U.S.C. § 101(53A)) |
| | | | · · · · · · · · · · · · · · · · · · · | (as defined in 11 U.S.C. § 101(6)) |
| | | | None of the above | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code, and are you a <i>small business debtor</i> or a debtor as defined by 11 U.S. C. § 1182(1)? For a definition of <i>small</i> | proceed ι you are c | under Subchapter V so that it of hoosing to proceed under Sub statement, and federal incom (B). I am not filing under Chapt | court must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or inchapter V, you must attach your most recent balance sheet, statement of operations, the example of these documents do not exist, follow the procedure in 11 U.S.C. there is a small business debtor according to the definition in the Bankruptcy |
| | business debtor, see 11 U.S.C. § 101(51D). | | Code. | |
| | | ☐ Yes. | | 1, I am a small business debtor according to the definition in the Bankruptcy Code, and under Subchapter V of Chapter 11. |
| | | ☐ Yes. | | 1, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11. |
| Par | Report if You Own or | Have Any | Hazardous Property or Any | Property That Needs Immediate Attention |
| 14. | Do you own or have any property that poses or is | ⊠ No. □ Yes. | | |
| | alleged to pose a threat of imminent and identifiable hazard to public health or safety? | | What is the hazard? | |
| | Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | |
| | | | | Number, Street, City, State & Zip Code |

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Debtor 1 John Malone Case number (if known) 1:24-bk-10885

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a brid | efing about credit |
|-------------------------------------|--------------------|
| counseling because of: | _ |

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known)

1:24-bk-10885

Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. X Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ⊠ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ☐ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? ☐ 1,000-5,000 ☐ 5001-10.000 25,001-50,000 18. How many Creditors do ☑ 1-49 □ 50-99 you estimate that you 5001-10,000 50,001-100,000 ☐ 100-199 10,001-25,000 ☐ More than 100,000 owe? **200-999** 19. How much do you ■ \$0 - \$50,000 X \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion □ \$50,001 - \$100,000 \$1,000,000,001 - \$10 billion estimate your assets to ☐ \$10,000,001 - \$50 million be worth? \$100,001 - \$500,000 ☐ \$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion ☐ \$500,001 - \$1 million ☐ \$100,000,001 - \$500 million ☐ More than \$50 billion 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities **\$50,001 - \$100,000** □ \$10,000,001 - \$50 million \$1,000,000,001 - \$10 billion ☑ \$100,001 - \$500,000 □ \$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion to be? П □ \$500,001 - \$1 million □ \$100,000,001 - \$500 million More than \$50 billion Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ John Malone Signature of Debtor 2 John Malone Signature of Debtor 1 Executed on June 10, 2024 Executed on MM / DD / YYYY MM / DD / YYYY

John Malone

Debtor 1

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Debtor 1 John Malone Case number (if known) 1:24-bk-10885

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Glenn F. Russell,, Jr. | Date | June 10, 2024 |
|--|---------------|---------------------|
| Signature of Attorney for Debtor | _ | MM / DD / YYYY |
| | | |
| Glenn F. Russell,, Jr. 656914 | | |
| Printed name | | |
| Glenn F. Russell, Jr. & Associates, PC | | |
| Firm name | | |
| 38 Rock Street | | |
| Suite #12 | | |
| FALL RIVER, MA 02720 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (888) 400-9318 | Email address | russ45esq@gmail.com |
| 656914 MA | | |
| Bar number & State | | |

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| Fill in this infor | mation to identify your | case: | ./ | | |
|---------------------|--------------------------|--------------------|-----------|---|---------------------------------|
| Debtor 1 | John Malone | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | - | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF MASSAC | CHUSETTS | | |
| Case number | 1:24-bk-10885 | | | | |
| (if known) | | _ | | | Check if this is amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

| info | as complete and accurate as possible. If two married people are filing together, both are equally responsible fo ormation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend or original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | |
|------|---|------------|-----------------------------|
| Par | rt 1: Summarize Your Assets | | |
| | | | assets e of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$_ | 1,246,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$_ | 2,136.47 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$_ | 1,248,136.47 |
| Par | rt 2: Summarize Your Liabilities | | |
| | | | liabilities unt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$_ | 158,258.23 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$_ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$_ | 29,370.04 |
| | Your total liabilities | \$ | 187,628.27 |
| Par | rt 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$_ | 2,259.20 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$_ | 3,695.93 |
| Par | rt 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other ៖ | schedules. |
| 7. | ⊠ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | personal | , family, or household |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this account with your other schedules | ox and s | ubmit this form to the |

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Debtor 1 John Malone Case number (if known) 1:24-bk-10885

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

\$_____0.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| | | | | | Doc | ument F | 2age 10 01 32 | | | |
|----------------|------------------|-------------------------|------------|-----------------|--------------|---------------------|--|--------------------|--------------|---------------------------------------|
| Fill in t | his inform | nation to ident | ify you | r case and t | this filing | g: | | | | |
| Dabtan | 4 | John Mala | no | | | | | | | |
| Debtor | 1 | John Malo First Name | ile | Midd | le Name | L | ast Name | | | |
| Debtor | 2 | | | | | | | | | |
| (Spouse, | | First Name | | Midd | le Name | L | ast Name | | | |
| | | | | | | | | | | |
| United | States Bar | nkruptcy Court | for the: | DISTRICT | OF MAS | SSACHUSETTS | | | | |
| Case n | umbor 1 | :24-bk-1088 | 5 | | | | | | _ | Chapte if this is an |
| Case II | uiiibei <u> </u> | .24-bk-1000k | | | | | | | | Check if this is an amended filing |
| | | | | | | | | | | g |
| | | | | | | | | | | |
| Offic | ial For | rm 106A | /B | | | | | | | |
| | | | | wtv / | | | | | | |
| <u> SCII</u> | eauie | e A/B: I | 10 | perty | | | | | | 12/15 |
| | | | | | | | asset fits in more than or | | | |
| | | | | | | | are filing together, both ar op of any additional pages | | | |
| | every quest | | u, allac | ii a separate s | sileet to th | ns form. On the to | op of any additional pages | s, write your name | and case nu | imber (ii kilowii). |
| _ | | | | | | | | | | |
| Part 1: | Describe E | Each Residence | , Buildir | ng, Land, or O | ther Real | Estate You Own | or Have an Interest In | | | |
| 1. Do v | ou own or h | nave anv legal o | r equita | ble interest in | anv resid | dence, building, la | and, or similar property? | | | |
| | | | | | , | g, | and, or ommer property. | | | |
| _ | . Go to Part | | | | | | | | | |
| ⊠ Ye | s. vvnere is | s the property? | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1.1 | | | | | What | is the property? | Check all that apply | | | |
| 26 | Savin H | ill Ave | | | | Single-family hor | me | Do not deduct se | cured claims | s or exemptions. Put |
| Str | eet address, it | f available, or other | descriptic | n | - | Duplex or multi-u | | | | aims on Schedule D: |
| | | | | | | Condominium or | · · | Creditors write H | ave Claims 3 | Secured by Property. |
| | | | | | | | • | | | |
| ъ. | | | ۰ ۰۰ | 1105 | | Manufactured or | mobile nome | Current value o | | Current value of the |
| | orchester | | | 125 | | Land | | entire property | - | ortion you own? |
| Cit | У | Stat | е | ZIP Code | | Investment prope | erty | \$1,246,00 | <u> </u> | \$1,246,000.00 |
| | | | | | | Timeshare Other | | | | ownership interest |
| | | | | | _ | | the maneuty? Objections | | | y by the entireties, or |
| | | | | | _ | | the property? Check one | a life estate), if | (nown. | |
| 91 | uffolk | | | | | Debtor 1 only | | | | |
| | ulloik | | | | _ 🗆 | Debtor 2 only | | | | |
| Со | ounty | | | | | Debtor 1 and Del | btor 2 only | Check if th | is is commu | inity property |
| | | | | | | At least one of th | e debtors and another | (see instruction | | mity property |
| | | | | | Other | r information you | wish to add about this ite | m, such as local | | |
| | | | | | prope | erty identification | number: | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 44 | d the della | r value of the | nortio | n vou own f | or all of | vour ontrine fro | m Part 1, including an | v ontrine for | | |
| | | | | | | | Part 1, including an | | | \$1,246,000.00 |
| Pus | joo you iic | | o u | | it mambo | | | | | + 1,2 10,000.00 |
| | • | | | | | | | | | |
| Part 2: | Describe \ | Your Vehicles | | | | | | | | |
| _ | | | | | | | | | | |
| | | | | | | | ether they are register | | e any vehic | cles you own that |
| someon | e eise ariv | es. ii you iease | a veni | cie, aiso repo | ort it on S | scriedule G: Exe | cutory Contracts and Un | expirea Leases. | | |
| 3. Car | s, vans. fr | ucks, tractors | , sport | utility vehic | les. mot | torcycles | | | | |
| | , | , | , | , | , | - , | | | | |
| ⊠ No | | | | | | | | | | |
| ☐ Ye | es | | | | | | | | | |

Schedule A/B: Property

Official Form 106A/B

page 1

Case 24-10885 Doc 28 Filed 06/10/24 Entered 06/10/24 16:01:13 Desc Main Document Page 11 of 32 Debtor 1 John Malone Case number (if known) 1:24-bk-10885 Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ⊠ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$0.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Chair, Sofa, Tables, Dishware, Silverware \$600.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No ✓ Yes. Describe.... Toaster, Refrigerator, TV, Stereo, computer \$300.00 Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles □ No X Yes. Describe..... Painting. statue \$900.00 **Equipment for sports and hobbies** Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ⊠ No Yes. Describe..... Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ⊠ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No X Yes. Describe..... Assorted Clothing \$250.00 Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ⊠ No

☐ Yes. Describe.....

Non-farm animals

Examples: Dogs, cats, birds, horses

⊠ No

☐ Yes. Describe.....

Any other personal and household items you did not already list, including any health aids you did not list

☐ No

X Yes. Give specific information.....

Case 24-10885 Doc 28 Filed 06/10/24 Entered 06/10/24 16:01:13 Desc Main Page 12 of 32 Document Debtor 1 John Malone Case number (if known) 1:24-bk-10885 Shampoo, Soap, Razors \$75.00 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,125.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □No Cash \$11.47 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☑ No Yes. Institution name: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ⊠ No ☐ Yes.. Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ⊠ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☑ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ⊠ No Yes. List each account separately. Institution name: Type of account: Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ⊠ No ☐ Yes. Institution name or individual: Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ⊠ No ☐ Yes... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ⊠ No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ⊠ No

Give specific information about them...

Yes.

| | | | Document | Page 13 of 32 | | |
|-----|----------------------------|--|---|---|---------------------------|---|
| De | ebtor 1 | John Malone | | Ca | ase number (if known) | 1:24-bk-10885 |
| | <i>Exampl</i> ⊠ No | s, copyrights, trademarks, trade secre es: Internet domain names, websites, pro Give specific information about them | | | S | |
| | | es, franchises, and other general intar es: Building permits, exclusive licenses, o | | on holdings, liquor license | es, professional license | es |
| | = | Give specific information about them | | | | |
| Mc | oney or p | roperty owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ⊠ No | iunds owed to you Give specific information about them, inclu | uding whether you alr | eady filed the returns and | I the tax years | |
| | Exampl ⊠ No | support les: Past due or lump sum alimony, spous Give specific information | sal support, child supp | oort, maintenance, divorce | e settlement, property | settlement |
| | <i>Exampl</i> ⊠ No | amounts someone owes you les: Unpaid wages, disability insurance pa benefits; unpaid loans you made to s Give specific information | | nefits, sick pay, vacation _l | pay, workers' compe | ensation, Social Security |
| | <i>Exampl</i> ⊠ No | ts in insurance policies es: Health, disability, or life insurance; he Name the insurance company of each pol Company name: | | (HSA); credit, homeowne Beneficiary | | ce Surrender or refund value: |
| | If you a someor ☑ No | terest in property that is due you from re the beneficiary of a living trust, expect he has died. Give specific information | someone who has oproceeds from a life i | lied nsurance policy, or are cւ | urrently entitled to rece | eive property because |
| | <i>Exampl</i> ⊠ No | against third parties, whether or not yes: Accidents, employment disputes, insu | | | or payment | |
| | ⊠ No | contingent and unliquidated claims of Describe each claim | every nature, includ | ing counterclaims of the | e debtor and rights to | o set off claims |
| 35. | Any fir ⊠ No | nancial assets you did not already list | | | | |
| | | Give specific information | D | 6 | | |
| 36 | | e dollar value of all of your entries fro rt 4. Write that number here | | | | \$11.47 |
| Pa | rt 5: Des | cribe Any Business-Related Property You C | Own or Have an Interest | In. List any real estate in P | Part 1. | |
| | Do you o ⊠ No. Go | own or have any legal or equitable interest into Part 6. | n any business-related | property? | | |

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Official Form 106A/B Schedule A/B: Property page 4

Yes. Go to line 38.

Case 24-10885 Doc 28 Filed 06/10/24 Entered 06/10/24 16:01:13 Desc Main Document Page 14 of 32 Debtor 1 John Malone Case number (if known) 1:24-bk-10885 Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership 🛛 No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$1,246,000.00 \$0.00 56. Part 2: Total vehicles, line 5 \$2,125.00 Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 \$11.47 \$0.00 59. Part 5: Total business-related property, line 45 Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 \$2,136.47 \$2,136.47

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 5

62. Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$1,248,136.47

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| Fill in this inform | | | | | |
|---|------------------------|-------------------|-----------|---|------------------------------------|
| Debtor 1 | John Malone First Name | Middle Name | LackName | _ | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | DISTRICT OF MASSA | CHUSETTS | | |
| Case number | 1:24-bk-10885 | | | | |
| (if known) | | | | | Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identity | / tne Property | You Claim as Exempt |
|---------|----------|----------------|---------------------|
| | | , | |

| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | | | |
|----|--|---|---|--|----------------------------------|--|--|--|--|
| | | kruptcy exemptions. | 11 U | J.S.C. § 522(b)(3) | | | | | |
| | | | | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Specific laws that allow exemption Check only one box for each exemption. | | | | | | |
| | Chair, Sofa, Tables, Dishware, Silverware Line from <i>Schedule A/B</i> : 6.1 | \$600.00 | | \$600.00 100% of fair market value, up to any applicable statutory limit | Mass. Gen. Laws c.235, § 34(2) | | | | |
| | Toaster, Refrigerator, TV, Stereo, computer Line from <i>Schedule A/B</i> : 7.1 | \$300.00 | | \$0.00 100% of fair market value, up to any applicable statutory limit | Mass. Gen. Laws c.235, § 34(2) | | | | |
| | Painting, statue Line from <i>Schedule A/B</i> : 8.1 | \$900.00 | | \$900.00 100% of fair market value, up to any applicable statutory limit | Mass. Gen. Laws c. 235, § 34(17) | | | | |
| | Assorted Clothing Line from <i>Schedule A/B</i> : 11.1 | \$250.00 | | \$250.00 100% of fair market value, up to any applicable statutory limit | Mass. Gen. Laws c.235, § 34(1) | | | | |
| | Shampoo, Soap, Razors Line from <i>Schedule A/B</i> : 14.1 | \$75.00 | | \$75.00 100% of fair market value, up to any applicable statutory limit | Mass. Gen. Laws c. 235, § 34(17) | | | | |

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| Deb | otor 1 | John Malone | ne Case number (if known) | | 1:24-bk-10885 | |
|-----|---|--|--|--------------------|--|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | | Current value of the Amount of the exemption you claim portion you own | | kemption you claim | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | Check only one b | ox for each exemption. | |
| | Cash Line | n from <i>Schedule A/B</i> : 16.1 | \$11.47 | | \$11.47 hir market value, up to able statutory limit | Mass. Gen. Laws c. 235, § 34(15) |
| 3. | (Subj | rou claiming a homestead exemption of ect to adjustment on 4/01/25 and every 3 No Yes. Did you acquire the property covered No Yes | years after that for cas | es filed on or aft | , | , |

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| | | | Document Pa | age 17 | 7 01 32 | | |
|----------------------------|------------------------------------|----------------------------------|--|-------------|--|--------------------------|-----------------------------|
| Fill in | this informa | tion to identify yo | ur case: | | | | |
| D | 4 | Jahn Malana | | | | | |
| Debtor | r 1 | John Malone First Name | Middle Name Las | st Name | | _ | |
| Debtor | r 2 | | | | | | |
| (Spouse | | First Name | Middle Name Las | st Name | | - | |
| | | | | | | | |
| United | States Bank | ruptcy Court for the | : DISTRICT OF MASSACHUSETTS | | | _ | |
| 0 | 1.0 | 0.4 kb 40005 | | | | | |
| Case r | | 24-bk-10885 | | | | Chook | if this is an |
| (II KIIOWII | ') | | | | | | if this is an led filing |
| | | | | | | amond | ica illing |
| Offici | ial Form | 106D | | | | | |
| | | | w o o | | | • | |
| 5cn | eaule D | : Creditors | Who Have Claims Se | cure | a by Proper | ty | 12/15 |
| needed, | , copy the Add | | If two married people are filing together, but, number the entries, and attach it to this | | | | |
| known). | | | | | | | |
| | - | ive claims secured b | • • • • | | , , | | |
| | | | this form to the court with your other sch | edules. \ | rou have nothing else | to report on this form. | |
| $\underline{\hspace{1cm}}$ | Yes. Fill in a | II of the information | below. | | | | |
| Part 1: | List All S | Secured Claims | | | | | |
| 2. List a | all secured cla | aims. If a creditor has | more than one secured claim, list the creditor | separately | Column A | Column B | Column C |
| | | | s a particular claim, list the other creditors in Part 2. As | | Amount of claim | Value of collateral | Unsecured |
| much a | s possible, list | the claims in alphabet | ical order according to the creditor's name. | | Do not deduct the value of collateral. | that supports this claim | portion If any |
| | City of Bosto | on Real Estate | | | value of collateral. | Claim | ii airy |
| / T I _ | лку от возко Гах | ni itali Estate | Describe the property that secures the c | laim: | \$11,714.17 | \$1,246,000.00 | \$0.00 |
| | Creditor's Name | | 26 Savin Hill Ave , Dorchester, MA | | Ψ11,711.17 | Ψ1,210,000.00 | Ψ0.00 |
| | orcultor 3 realine | | 02125 | ` | | | |
| | CITY OF BC | NOTON | Suffolk County | | | | |
| | 30X 55808 | JOIN, | As of the date you file, the claim is: Check | k all that | | | |
| | Boston, MA | 02205 | apply. | | | | |
| | | ity, State & Zip Code | ☐ Contingent ☐ Unliquidated | | | | |
| | | ny, ciale a zip coac | Disputed | | | | |
| | wes the debt | ? Check one. | Nature of lien. Check all that apply. | | | | |
| | tor 1 only | | An agreement you made (such as mortg | age or se | cured | | |
| | tor 2 only otor 1 and Debt | or 2 only | car loan) ☐ Statutory lien (such as tax lien, mechani | c's lien) | | | |
| | | debtors and another | ☐ Judgment lien from a lawsuit | , | | | |
| | eck if this clair | | ☐ Other (including a right to offset) | | | | |
| COI | mmunity debt | | | | | | |
| Date de | ebt was incurr | ha | Last 4 digits of account number | 5178 | | | |
| - Duto ut | | | | | | | |
| | | | | | | | |
| | | oan Mortgage | | | ¢125.067.06 | ¢4 046 000 00 | ተለ ሰላ |
| • | Corp as Trus | siee | Describe the property that secures the c | | \$125,967.06 | \$1,246,000.00 | \$0.00 |
| | Creditor's Name | | 26 Savin Hill Ave , Dorchester, MA 02125 | 4 | | | |
| | c/o Specializ | zed Loan | Suffolk County | | | | |
| | Servicing | 0005 | As of the date you file, the claim is: Check | k all that | | | |
| | P.O. Box 63 | | apply. | t all triat | | | |
| _ | | 80163-6005 | Contingent | | | | |
| N | lumber, Street, Ci | ity, State & Zip Code | ☐ Unliquidated ☑ Disputed | | | | |
| Who o | wes the debt | ? Check one. | Nature of lien. Check all that apply. | | | | |
| | tor 1 only | | ☑ An agreement you made (such as mortg | age or se | cured | | |
| | tor 2 only | or O only | car loan) | o'e lien\ | | | |
| | otor 1 and Debt east one of the | or 2 only debtors and another | ☐ Statutory lien (such as tax lien, mechani☐ Judgment lien from a lawsuit | os ileii) | | | |
| = | eck if this clair | | — • • • • • • • • • • • • • • • • • • • | st Mortg | age | | |
| | mmunity debt | | <u> </u> | 9 | | | |
| | | _ | | 0045 | | | |
| Date de | ebt was incurr | ed | Last 4 digits of account number | 9815 | | | |

Official Form 106D

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| Debtor | ebtor 1 John Malone | | | | | se number (if known) | 1:24-bk-10885 | |
|---|--|--------------|-----------------|---|---|--------------------------|---|-------------|
| | First Name | Middle Na | me | Last Name | | | | |
| | | | | | | | | |
| 77 72 | he Bank of NY Mello | n | | | | | | |
| II | ndenture Trustee | | | he property that secures the claim: | <u>: </u> | \$20,577.00 | \$1,246,000.00 | \$0.00 |
| С | reditor's Name | | | Hill Ave , Dorchester, MA | | | | |
| С | /o Bank of America, I | N.A. | 02125 | | | | | |
| 4 | 75 Cross Point Pkwy | ' | Suffolk (| | | | | |
| F | O Box 9000 | | | date you file, the claim is: Check all the | hat | | | |
| | | | apply. Conting | ent | | | | |
| G | Setzville, NY 14068-9 | 000 | ☐ Conting | ent | | | | |
| N | umber, Street, City, State & Zip | Code | ☐ Unliquid | | | | | |
| | 4. 1.140.00 | | □ Dispute | | | | | |
| | wes the debt? Check one | €. | | lien. Check all that apply. | | | | |
| | or 1 only or 2 only | | | ement you made (such as mortgage | or secure | ed | | |
| | tor 1 and Debtor 2 only | | | ry lien (such as tax lien, mechanic's lie | en) | | | |
| | ast one of the debtors and | another | | ent lien from a lawsuit | , | | | |
| | ck if this claim relates to | а | Other (i | ncluding a right to offset) | | | | |
| cor | nmunity debt | | | | | | | |
| | | | | | 171 | | | |
| Date de | bt was incurred | | Las | t 4 digits of account number <u>5</u> | 171 | | | |
| | | | | | | | | |
| | | | | | | | | |
| Add t | he dollar value of your er | ntries in Co | olumn A on | this page. Write that number here: | | \$158,258 | 3.23 | |
| | | orm, add t | he dollar va | alue totals from all pages. | | #450.05 | | |
| Write | that number here: | | | | | \$158,258 | 3.23 | |
| Dowt 2 | Liet Others to Be No | atifical fac | . a Daht Ti | not Vou Almondy Listed | | | | |
| Part 2 | List Others to Be No | otinea for | r a Debt II | hat You Already Listed | | | | |
| | | | | oout your bankruptcy for a debt tha | | | | |
| | | | | one else, list the creditor in Part 1, and a part 1, in Part 1, list the additional creditors | | | | |
| | n Part 1, do not fill out or | | | ii Fait 1, list the additional creditor | S liere. II | you do not nave addi | tional persons to be notine | eu ioi ally |
| | , | | | | | | | |
| [] | Name, Number, Street, Ci | itv. State & | Zip Code | 0 | n which li | ine in Part 1 did you en | ter the creditor? 2.3 | |
| Bank of America, N.A. | | | | | ine in rait raid you en | ter the creditor: | | |
| 475 Cross Point Pk Last 4 digits of account number 5171 | | | | | | | | |
| | Getzville, NY 14068 | -9000 | | | 3 | _ | | |
| | | | | | | | | |
| [] | | | | | | | | |
| | Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? 2.2 | | | | | | | |
| Specialized Loan Servicing, LLC | | | | | | | | |
| | | | | | ast 4 digit | ts of account number _ | <u>9815 </u> | |
| | P.O. Box 636005 | | | | | | | |
| | Littleton, CO 80163- | 6005 | | | | | | |
| | | 5000 | | | | | | |

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| | | | Document | Page 19 | of 32 | _ | |
|----------------------|------------------------------------|--|--|------------------|-----------------------------------|--------------------------|---------------------------|
| Fill | in this inform | ation to identify your c | ase: | | | | |
| Dal | btor 1 | John Malone | | | | | |
| Dei | btor i | First Name | Middle Name | Last Name | | | |
| Del | btor 2 | | | | | | |
| (Spc | ouse if, filing) | First Name | Middle Name | Last Name | | | |
| Uni | ited States Ban | kruptcy Court for the: | DISTRICT OF MASSACHUSE | TTS | | | |
| Car | se number 1: | :24-bk-10885 | | | | | |
| | nown) | .Z-F-DIK-10000 | | | | | check if this is an |
| <u> </u> | | | | | | | mended filing |
| ~ tı | <i>c</i> : _: _ | 4005/5 | | | | | |
| | <u>ficial Form</u> | | | | | | |
| <u>Sc</u> | hedule E/ | F: Creditors Wi | no Have Unsecured | Claims | | | 12/15 |
| Sche left. nam | edule D: Creditor Attach the Conti | rs Who Have Claims Secui inuation Page to this page | ed Leases (Official Form 106G). I red by Property. If more space is . If you have no information to re | needed, copy | the Part you need, fill it out | , number the ent | tries in the boxes on the |
| | | | | | | | |
| 1. | | s have priority unsecured | claims against you? | | | | |
| | No. Go to Par ☐ Yes. | rt 2. | | | | | |
| | ☐ Tes. | | | | | | |
| Pai | rt 2: List All | of Your NONPRIORITY | Unsecured Claims | | | | |
| 3. | Do any creditor | s have nonpriority unsecu | red claims against you? | | | | |
| | ☐ No. You have | e nothing to report in this par | t. Submit this form to the court with | your other sche | dules. | | |
| | ⊠ Yes. | | | | | | |
| 4. | unsecured claim | , list the creditor separately | ms in the alphabetical order of the for each claim. For each claim listed the other creditors in Part 3.If you | d, identify what | ype of claim it is. Do not list o | claims already inc | cluded in Part 1. If more |
| | | | | | | | Total claim |
| 4.1 | Boston W | Vater and Sewer Com | mission Last 4 digits of acc | count number | 8276 | | \$22,722.38 |
| | | Creditor's Name | | | | | |
| | P.O. Box | | When was the deb | t incurred? | - | | <u>-</u> |
| | | MA 02205 | | | | | |
| | | eet City State Zip Code | As of the date you | file, the claim | s: Check all that apply | | |
| | | red the debt? Check one. | По :: . | | | | |
| | ☑ Debtor 1 | - | ☐ Contingent | | | | |
| | ☐ Debtor 2 | • | ☐ Unliquidated | | | | |
| | | and Debtor 2 only | ☐ Disputed | DITY | 1.1.1. | | |
| | | one of the debtors and anoth | <u></u> '' | KIIY unsecure | a ciaim: | | |
| | ☐ Check if | f this claim is for a comm | <u>-</u> | | ration agreement | ا ا - الحالم بيميد فع ما | |
| | | n subject to offset? | ☐ Obligations arisii report as priority cla | | ration agreement or divorce t | nat you did not | |
| | ⊠ No | ., | | | g plans, and other similar del | ots | |
| | _ □ Yes | | ☐ Other. Specify | | = : : | | |
| | | | — - ······ - r · · · · · · · · · · · · · | | | | _ |

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| Deptor | 1 John Maid | one | | Case no | umber (if known) 1 | :24-DK-10885 | | | | |
|-------------------|--|---|--|---|---------------------------|----------------------|-------------------|--|--|--|
| 4.2 | Discover Ba | | Last 4 digits of account number | 3159 | | | \$1,098.90 | | | |
| | | n Blvd, Unity A | When was the debt incurred? | | | | | | | |
| | Twinsburg, OH 44087-234 Number Street City State Zip Code Who incurred the debt? Check one. As of the date you file, the claim is: Check all that apply | | | | | | | | | |
| | Debtor 1 onl | | ☐ Contingent | | | | | | | |
| | ☐ Debtor 2 onl | • | ☐ Unliquidated | | | | | | | |
| | | r 1 and Debtor 2 only | | | | | | | | |
| | ☐ At least one | of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | | |
| | _ | s claim is for a community | ☐ Student loans | | | | | | | |
| | debt | hinat to affect? | Obligations arising out of a sepa | ration ag | reement or divorce that | you did not | | | | |
| | Is the claim su ⊠ No | bject to offset? | report as priority claims Debts to pension or profit-sharir | a plana | and other similar debte | | | | | |
| | | | | • . | | | | | | |
| | ☐ Yes | | ☑ Other. Specify Credit card | purcha | ses | | | | | |
| 4.3 | National Gri | d | Last 4 digits of account number | 8460 | | | \$5,548.76 | | | |
| | Nonpriority Cree | | | | | | | | | |
| | P.O. Box 37 | | When was the debt incurred? | | | | | | | |
| | | PA 15250-7338 | | | | | | | | |
| | | City State Zip Code | As of the date you file, the claim | is: Check | call that apply | | | | | |
| | | the debt? Check one. | Continuent | | | | | | | |
| | □ Debtor 1 onl □ Debtor 2 onl | • | ☐ Contingent ☐ Unliquidated | | | | | | | |
| | Debtor 1 and | • | ☐ Disputed | | | | | | | |
| | | of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | | |
| | | s claim is for a community | ☐ Student loans | | | | | | | |
| | debt | • | ☐ Obligations arising out of a sepa | ration ag | reement or divorce that | you did not | | | | |
| | | bject to offset? | report as priority claims | | | | | | | |
| | ⊠ No | | · · | Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | ☐ Yes | | ☑ Other. Specify <u>Utility</u> | | | | | | | |
| Part 3: | List Others | s to Be Notified About a Debt | That You Already Listed | | | | | | | |
| is tryi have i | ng to collect from one than one conditions any debts | m you for a debt you owe to some | | Parts 1 | or 2, then list the colle | ction agency here. | Similarly, if you | | | |
| | the amounts of unsecured cla | , | s. This information is for statistical | reporting | g purposes only. 28 U.S | S.C. §159. Add the a | amounts for each | | | |
| | | | | | Total Clai | m | | | | |
| | 6a. | Domestic support obligations | | 6a. | \$ | 0.00 | | | | |
| Total cla | | Taxes and certain other debts y | ou owe the government | 6b. | Φ. | 0.00 | | | | |
| | 6c. | Claims for death or personal inj | - | 6c. | \$ | 0.00 | | | | |
| | 6d. | | ured claims. Write that amount here. | 6d. | \$ | 0.00 | | | | |
| | ou. | Caron Add all outer priority discoo | area same. While that amount hore. | ou. | \$ | 0.00 | | | | |
| | 6e. | Total Priority. Add lines 6a through | gh 6d. | 6e. | \$ | 0.00 | | | | |
| | | | | | | | | | | |
| | 6f. | Student loans | | 6f. | Total Clai | | | | | |
| Total cl | | Cladin Idania | | OI. | \$ | 0.00 | | | | |
| from Pa | | Obligations arising out of a sepayou did not report as priority cla | aration agreement or divorce that | 6g. | \$ | 0.00 | | | | |

6h.

6i.

6j.

6h. Debts to pension or profit-sharing plans, and other similar debts

Total Nonpriority. Add lines 6f through 6i.

Other. Add all other nonpriority unsecured claims. Write that amount

6i.

here.

0.00

29,370.04

29,370.04

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| Fill in this info | rmation to identify your | case: | ./ | |
|---|--------------------------|--------------------|-----------|--------------------------------------|
| Debtor 1 | John Malone | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | DISTRICT OF MASSAC | CHUSETTS | |
| Case number | 1:24-bk-10885 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☑ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the r, Street, City, State and ZIP | e contract or lease Code | State what the contract or lease is for |
|-----|-----------|--------------|---|-----------------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | | | | | |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | | | | | <u> </u> |
| | Number | Street | | | |
| | | | | | <u></u> |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | |
| | | | | | |
| | - I | 01 1 | | | <u> </u> |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.5 | City | | Otate | Zii Gode | |
| 2.0 | Name | | | | _ |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | |
| | | | | | <u> </u> |
| | City | | State | ZIP Code | |
| | | | | | |

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| | | Docume | nt Page 22 c | of 32 | |
|------------------------------|---|---|-------------------------|--|--|
| Fill in this | information to identify you | r case: | | | |
| Debtor 1 | John Malone | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fili | ng) First Name | Middle Name | Last Name | | |
| | | DIOTDIOT OF 111001 | | | |
| United Sta | ites Bankruptcy Court for the: | DISTRICT OF MASSAC | HUSETTS | | |
| Case num | ber 1:24-bk-10885 | | | | |
| (if known) | | | | | Check if this is an amended filing |
| | | | | | |
| Officia | I Form 106H | | | | |
| Sched | lule H: Your Cod | lebtors | | | 12/15 |
| our name | and case number (if knowr | ı). Answer every question | | | op of any Additional Pages, write |
| | hin the last 8 years, have yo na, California, Idaho, Louisiana | | | | rty states and territories include .) |
| _ | . Go to line 3. s. Did your spouse, former spo | ouse, or legal equivalent live | e with you at the time? | | |
| in line Form out C | e 2 again as a codebtor only | if that person is a guaran al Form 106E/F), or Sched | tor or cosigner. Make | sure you have listed 06G). Use Schedule D Column 2: The co | ng with you. List the person shown the creditor on Schedule D (Official), Schedule E/F, or Schedule G to fill reditor to whom you owe the debt |
| | Name, Number, Street, City, State and a | zir code | | Check all schedu | ies that apply: |
| 3.1 | | | | Schedule D, li | |
| | Name | | | ☐ Schedule E/F, ☐ Schedule G, li | |
| _ | | | | Ochleddie O, ii | |
| | Number Street City | State | ZIP Code | | |
| | , | | | | |
| 3.2 | | | | ☐ Schedule D, li | no |
| J.Z | Name | | | Schedule E/F, | |
| | | | | ☐ Schedule G, li | |
| - | Number Street | | | <u> </u> | |
| | City | State | ZIP Code | | |

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| = :::: | | | | | | | | |
|--------------------|---|--|--|-------------------|--------------------|-------------------------------------|--|---|
| | in this information to identify yo | ur case: | | | | | | |
| Deb | otor 1 John Male | one | | | _ | | | |
| | otor 2 | | | | - | | | |
| Uni | ted States Bankruptcy Court for | the: DISTRICT OF MASSA | ACHUSETTS | | _ | | | |
| | 1:24-bk-10885 | 5 | | | | | d filing nt showing postpetitio as of the following date | |
| O. | fficial Form 106I | | | | | MM / DD/ Y | | |
| | chedule I: Your Ir | come | | | | IVIIVI / DD/ T | | 12/15 |
| sup spo atta | as complete and accurate as p plying correct information. If y use. If you are separated and ch a separate sheet to this for t 1: | you are married and not filii your spouse is not filing wi m. On the top of any additi | ng jointly, and your th you, do not inclu | spouse ide infori | is livin mation | g with you, inclu about your spo | ude information abou use. If more space is | sible for ut your s needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non-filing spouse |) |
| | If you have more than one job attach a separate page with information about additional employers. | , Employment status Occupation | ☐ Employed ☐ Not employed | | | ☐ Emplo | • | |
| | Include part-time, seasonal, o self-employed work. | r Employer's name | | | | | | |
| | Occupation may include stude or homemaker, if it applies. | ent Employer's address | | | | | | |
| | | How long employed tl | nere? | | | | | |
| Par | t 2: Give Details About | Monthly Income | | | | | | |
| | mate monthly income as of the ss you are separated. | e date you file this form. If yo | ou have nothing to re | port for ar | ny line, | write \$0 in the sp | ace. Include your non- | filing spouse |
| | u or your non-filing spouse have e space, attach a separate shee | | ombine the information | n for all e | employe | ers for that perso | n on the lines below. I | f you need |
| | | | | | F | or Debtor 1 | For Debtor 2 or non-filing spouse | |
| 2. | List monthly gross wages, s deductions). If not paid month | | | 2. | \$ | 0.00 | \$N/A | <u>.</u> |
| 3. | Estimate and list monthly of | vertime pay. | | 3. | +\$ | 0.00 | +\$N/A | <u>. </u> |
| 4. | Calculate gross Income. Ad | d line 2 + line 3. | | 4. | \$ | 0.00 | \$N/A | |

Official Form 106I Schedule I: Your Income page 1

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| Debt | tor 1 | John Malone | - | Case r | number (if known) | 1:24-b | k-108 | 85 | |
|------|---------------|---|----------|--------|-------------------|--------|----------------|---------------|--------------------|
| | | | | For | Debtor 1 | | ebtor : | | |
| | Сор | y line 4 here | 4. | \$ | 0.00 | \$ | | N/A | <u>\</u> |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | | N/A | 4 |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | | N/A | \ |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | | N/A | |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | | N/A | |
| | 5h. | Other deductions. Specify: | _ 5h.+ | \$ | 0.00 | + \$ | | N/A | <u>\</u> |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0.00 | \$ | | N/A | <u>\</u> |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | | N/A | <u>4</u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | | N/A | A |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | | N/A | <u>\</u> |
| | 8e. | Social Security | 8e. | \$ | 2,259.20 | \$ | | N/A | <u>\</u> |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | \$ | 0.00 | \$ | | N/A | A |
| | 8g. | Pension or retirement income | — 8g. | \$ | 0.00 | \$ | | N/A | <u>\</u> |
| | 8h. | Other monthly income. Specify: | _ 8h.+ | \$ | 0.00 | + \$ | | N/A | 4 |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 2,259.20 | \$ | | N | /A |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | 2 | 2,259.20 + \$_ | | N/A | = \$ _ | 2,259.20 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in <i>Schedule</i> ide contributions from an unmarried partner, members of your household, your refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not cify: | depen | | • | | chedule 11. | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | • | | 12. | \$ | 2,259.20 |
| 12 | Do: | you owned an increase or decrease within the year often you file this farm | 2 | | | | | Comb month | ined ily income |
| 13. | | No. Yes Explain: Expecting An Increase in income due to Adding Ren | | anto | to Proporty | | | | |

Official Form 106I Schedule I: Your Income page 2

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| Fills | in this information to identify your case: | | | | |
|--------------------|--|--|------------|--|-------------------------------|
| | | | | | |
| Debt | John Malone | | _ | ck if this is: | |
| Debt | otor 2 | | H | An amended filing A supplement show | ving postpetition chapter 13 |
| (Spo | ouse, if filing) | | _ | expenses as of the | |
| Unite | ted States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS | 8 | | MM / DD / YYYY | |
| Case | e number 1:24-bk-10885 | | | | |
| (If kr | nown) | | | | |
| Of | fficial Form 106J | | | | |
| | chedule J: Your Expenses | | | | 12/15 |
| Be a | as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this fo known). Answer every question. | | | | or supplying correct |
| Part | t 1: Describe Your Household | | | | |
| 1. | Is this a joint case? | | | | |
| | No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | ☐ No | | | | |
| | Yes. Debtor 2 must file Official Form 106J-2, Expenses | for Separate Househ | old of Del | otor 2. | |
| 2. | Do you have dependents? 🛛 No | | | | |
| ۷. | Do not list Debtor 1 and Yes. Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor 2 | | Dependent's | Does dependent live with you? |
| | Do not state the | Debitor 1 of Debitor 2 | | age | □ No |
| | dependents names. | | | _ | Yes |
| | | | | | □ No □ Yes |
| | | | | _ | ☐ Yes |
| | | | | | Yes |
| | | | | | □ No □ Yes |
| 3. | Do your expenses include | | | | |
| exp app Incl | Estimate Your Ongoing Monthly Expenses cimate your expenses as of your bankruptcy filing date unless your expenses as of a date after the bankruptcy is filed. If this is a suppolicable date. Induce expenses paid for with non-cash government assistance if the upper such assistance and have included it on Schedule I: Your | lemental <i>Schedule</i> J | | | |
| | ficial Form 1061.) | mcome | | Your exp | enses |
| | | | | | |
| 4. | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot. | nclude first mortgage | 4. 3 | \$ | 1,720.93 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | \$ | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. | | 0.00 |
| _ | 4d. Homeowner's association or condominium dues | | 4d. | | |
| 5. | Additional mortgage payments for your residence, such as hor | ne equity loans | 5. \$ | | 0.00 |
| 6. | Utilities: | | | | |
| | 6a. Electricity, heat, natural gas | | 6a. | | 500.00 |
| | 6b. Water, sewer, garbage collection6c. Telephone, cell phone, Internet, satellite, and cable services | | 6b. \$ | | 500.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services6d. Other Specify | • | 6c. 5 | | 55.00 |

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| Deb | tor 1 _John Malone | Case num | ber (if known) | 1:24-bk-10885 |
|-----|---|-------------------|----------------|-------------------------------|
| 7. | Food and housekeeping supplies | 7. | \$ | 500.00 |
| 8. | Childcare and children's education costs | 8. | | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | | 0.00 |
| 10. | Personal care products and services | 10. | · | 0.00 |
| | Medical and dental expenses | 11. | | 0.00 |
| | Transportation. Include gas, maintenance, bus or train fare. | | Ψ | 0.00 |
| | Do not include car payments. | 12. | \$ | 150.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | Φ. | 150.00 |
| 14. | Charitable contributions and religious donations | 14. | | 20.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance | 15a. | e | 0.00 |
| | 15b. Health insurance | 15a. 15b. | _ | 0.00 |
| | 15c. Vehicle insurance | 15b. 15c. | | 0.00 |
| | 15d. Other insurance. Specify: | 15d. | | 0.00 |
| 16 | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | 13u. | Ψ | 0.00 |
| 10. | Specify: | 16. | \$ | 0.00 |
| 17. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other. Specify: | | | 0.00 |
| | 17d. Other. Specify: | 17d. | \$ | 0.00 |
| | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | s . 18. | \$ | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | | \$ | 0.00 |
| | Specify: | 19. | _ | |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Sch | | | 0.00 |
| | 20a. Mortgages on other property | 20a. | | 0.00 |
| | 20b. Real estate taxes | 20b. | · | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | · - | 100.00 |
| 0.4 | 20e. Homeowner's association or condominium dues | 20e. | | 0.00 |
| 21. | Other: Specify: | 21. | +\$ | 0.00 |
| 22. | Calculate your monthly expenses | | | |
| | 22a. Add lines 4 through 21. | | \$ | 3,695.93 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 3,695.93 |
| 23. | Calculate your monthly net income. | | | |
| | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,259.20 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 3,695.93 |
| | | | | |
| | 23c. Subtract your monthly expenses from your monthly income. | 220 | œ. | 1 426 72 |
| | The result is your monthly net income. | 23c. | Ψ | -1,436.73 |
| 24. | Do you expect an increase or decrease in your expenses within the year after y For example, do you expect to finish paying for your car loan within the year or do you expect you modification to the terms of your mortgage? ☑ No. ☐ Yes. Explain here: | | | ease or decrease because of a |

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| Fill | l in this | s information to identify yo | ur case: | | | | | | |
|-------------------|--------------------------|--|--|------------|--|--|---|--|--|
| | | John Malone | | | | | | | |
| De | ebtor 1 | First Name | Middle Name | | Last Name | | | | |
| | ebtor 2 ouse if, fili | ing) First Name | Middle Name | | Last Name | | | | |
| Un | ited Sta | ates Bankruptcy Court for the | DISTRICT OF MASSAC | CHUSET | TTS | | | | |
| | nse num | ber <u>1:24-bk-10885</u> | | | | [| ☐ Check if this is an amended filing | | |
| O1 | fficia | ll Form 107 | | | | | | | |
| | | nent of Financial | Affairs for Indiv | idual | s Filing for B | ankruptcy | 04/2: | | |
| info nun | ormatio nber (if | nplete and accurate as poss on. If more space is neede f known). Answer every que | d, attach a separate sheet estion. | to this | form. On the top of a | | | | |
| | | Give Details About Your M | | ou Live | d Before | | | | |
| 1. | _ | is your current marital stat | us? | | | | | | |
| | = " | Married Not married | | | | | | | |
| 2. | Durin | g the last 3 years, have you | u lived anywhere other tha | n where | you live now? | | | | |
| | = | NoYes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | |
| | Debt | or 1: | Dates Debtor lived there | 1 | Debtor 2 Prior Ac | ldress: | Dates Debtor 2 lived there | | |
| 3. stat | | n the last 8 years, did you of territories include Arizona, C | | | | | | | |
| | _ | No Yes. Make sure you fill out <i>So</i> | chedule H: Your Codebtors (| Official I | Form 106H). | | | | |
| Pa | rt 2 | Explain the Sources of Yo | ur Income | | | | | | |
| 4. | Fill in | ou have any income from e the total amount of income y are filing a joint case and yo | ou received from all jobs and | d all bus | inesses, including part | -time activities. | calendar years? | | |
| | = | No Yes. Fill in the details. | | | | | | | |
| | | | Debtor 1 | | | Debtor 2 | | | |
| | | | Sources of income Check all that apply. | (be | oss income fore deductions and clusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | |

Case 24-10885 Doc 28 Filed 06/10/24 Entered 06/10/24 16:01:13 Desc Main Page 28 of 32 Document Debtor 1 John Malone Case number (if known) 1:24-bk-10885 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. \boxtimes Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until Social Security \$11,295.00 the date you filed for bankruptcy: Benefits Rental Income \$0.00 Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? ⊠ _{No.} □ _{Yes} List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment **Total amount** Was this payment for ... Amount you still owe paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? *Insiders* include your relatives; any general partners; relatives of any general partners; partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent,

including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

Nο

Yes. List all payments to an insider.

Insider's Name and Address **Dates of payment** Total amount Amount you Reason for this payment paid still owe

Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

Yes. List all payments to an insider

Insider's Name and Address Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid

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 Debtor 1
 John Malone
 Case number (if known)
 1:24-bk-10885

| Pai | t 4: Identify Legal Actions, Reposses | sions, and Foreclosures | | | | | |
|-----|---|--|----------------------------------|--------------------------|------------------------|--|--|
| 9. | Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. | | | | | | |
| | NoYes. Fill in the details. | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | Status of th | ne case | | |
| 10. | Within 1 year before you filed for bankr Check all that apply and fill in the details b | | perty repossessed, foreclosed | d, garnished, attache | d, seized, or levied? | | |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | Value of the property | | |
| 11. | Within 90 days before you filed for bank accounts or refuse to make a payment l No Yes. Fill in the details. | | | stitution, set off any | amounts from your | | |
| | Creditor Name and Address | Describe the action th | e creditor took | Date action was taken | Amount | | |
| | No | | fts with a total value of more t | han \$600 per person | ? | | |
| | Gifts with a total value of more than \$6 per person Person to Whom You Gave the Gift and Address: | | | Dates you gave the gifts | Value | | |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. | | | | | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo | | ou contributed | Dates you contributed | Value | | |
| Pai | t 6: List Certain Losses | | | | | | |
| 15. | Within 1 year before you filed for bankridisaster, or gambling? | uptcy or since you filed for | bankruptcy, did you lose any | thing because of the | ft, fire, other | | |
| | ☑ No☑ Yes. Fill in the details. | | | | | | |
| | Describe the property you lost and how the loss occurred | Describe any insurance of Include the amount that insinsurance claims on line 33 | urance has paid. List pending | Date of your loss | Value of property lost | | |

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| Par | t 7: List Certain Payments or Transfers | | | | | | |
|---|---|---|----------------------------|--------------------|---|---|--|
| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. | | | | | | |
| | NoYes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and variansferred | alue of any pro | pperty | Date payment or transfer was made | Amount of payment | |
| 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | erty to anyone who | | | |
| | NoYes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address | Description and variansferred | alue of any pro | pperty | Date payment or transfer was made | Amount of payment | |
| 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a seinclude gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | | |
| | Person Who Received Transfer Address | Description and very property transfer | | | any property or s received or debts cchange | Date transfer was made | |
| | Person's relationship to you | | | | · · | | |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you as beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | of which you are a | | |
| | Name of trust | Description and | alue of the prop | perty transfer | red | Date Transfer was made | |
| Par | t 8: List of Certain Financial Accounts, Inst | ruments, Safe Deposi | t Boxes, and St | orage Units | | | |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ No Yes. Fill in the details. | other financial accou | nts; certificates | of deposit; s | | | |
| | | Last 4 digits of account number | Type of account instrument | cle me | ate account was osed, sold, oved, or ansferred | Last balance before closing or transfer | |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ear before you filed fo | r bankruptcy, aı | ny safe depos | it box or other depos | itory for securities, | |
| | NoYes. Fill in the details. | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe the | contents | Do you still have it? | |

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| 22. | 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? | | | | | | | | |
|-------------|---|--|--|-----------------------|--|--|--|--|--|
| | No☐ Yes. Fill in the details. | | | | | | | | |
| | Name of Storage Facility | Who else has or had access | Describe the contents | Do you still | | | | | |
| | Address (Number, Street, City, State and ZIP Code) | to it? Address (Number, Street, City, State and ZIP Code) | bescribe the contents | have it? | | | | | |
| Par | 9: Identify Property You Hold or Control fo | r Someone Else | | | | | | | |
| 23. | Do you hold or control any property that some for someone. | eone else owns? Include any proper | ty you borrowed from, are storing fo | r, or hold in trust | | | | | |
| | NoYes. Fill in the details. | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | | | |
| Par | 10: Give Details About Environmental Inform | mation | | | | | | | |
| For | he purpose of Part 10, the following definition | s apply: | | | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the | air, land, soil, surface water, ground | 0. | | | | | | |
| | regulations controlling the cleanup of these since means any location, facility, or property a to own, operate, or utilize it, including disposate. | s defined under any environmental | law, whether you now own, operate, | or utilize it or used | | | | | |
| \boxtimes | Hazardous material means anything an enviro hazardous material, pollutant, contaminant, or | | s waste, hazardous substance, toxic s | substance, | | | | | |
| Rep | ort all notices, releases, and proceedings that | you know about, regardless of wher | n they occurred. | | | | | | |
| 24. | Has any governmental unit notified you that y | ou may be liable or potentially liable | e under or in violation of an environm | ental law? | | | | | |
| | NoYes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |
| 25. | Have you notified any governmental unit of ar | ny release of hazardous material? | | | | | | | |
| | NoYes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |
| 26. | Have you been a party in any judicial or admir | nistrative proceeding under any env | ironmental law? Include settlements | and orders. | | | | | |
| | NoYes. Fill in the details. | | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | | |
| Par | 11: Give Details About Your Business or Co | onnections to Any Business | | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy | , did you own a business or have ar | ny of the following connections to an | y business? | | | | | |
| | ☐ A sole proprietor or self-employed in a | | | | | | | | |
| | ☐ A member of a limited liability compar | | | | | | | | |
| | ☐ A partner in a partnership | , | , | | | | | | |
| | ☐ An officer, director, or managing exec | utive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | |

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| De | otor 1 <u>John Malone</u> | Ca | se number (<i>if known</i>) 1:24-bk-10885 | | | | |
|---|---|---|---|--|--|--|--|
| ☑ No. None of the above applies. Go to Part 12. ☐ Yes. Check all that apply above and fill in the details below for each business. | | | | | | | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. Dates business existed | | | | |
| 28. | Within 2 years before you filed for bankrupt institutions, creditors, or other parties. No Yes. Fill in the details below. | | nyone about your business? Include all financial | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | | | |
| Pai | rt 12: Sign Below | | | | | | |
| are with | | false statement, concealing property, or o | declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both. | | | | |
| | John Malone | _ | | | | | |
| | nn Malone Inature of Debtor 1 | Signature of Debtor 2 | | | | | |
| Da | te _ June 10, 2024 | Date | | | | | |
| Did ⊠ N | | ent of Financial Affairs for Individuals Filin | g for Bankruptcy (Official Form 107)? | | | | |
| ⊠ 1 | you pay or agree to pay someone who is no No Yes. Name of Person Attach the <i>Bankru</i> | | | | | | |